

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

**101588316**

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1						51						
2		1					52						
3							53						
4		2					54						
5	1						55						
6		1					56						
7							57						
8		2					58						
9	1						59						
10		1					60						
11							61						
12		2					62						
13	1						63						
14		1					64						
15	1						65						
16		1					66						
17	1						67						
18		1					68						
19							69						
20							70						
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22							72						
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38							88						
39							89						
40							90						
41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	16	↓		↓		↓	TOTAL IND.		↓		↓		↓
TOTAL DEP.	15	←		←		←	TOTAL DEP.		←		←		←
TOTAL CLAIMS	31						TOTAL CLAIMS						